Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY]	
TO	OTAL CLAIMS							RATE	RATE FEE		RATE	FEE	1
FOR NUMBER FILED					NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	1
TOTAL CHARGEABLE CLAIMS minus				nus 20=	: *			X\$ 9=		OR	X\$18=		1
INDEPENDENT CLAIMS minus				inus 3 =	us 3 = *			X42=		OR	\ <u>\</u>		1
MULTIPLE DEPENDENT CLAIM PRESENT							1	+140=		1	+280=		1
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR			┨
CLAIMS AS AMENDED - PART II								TOTAL	JOH	OTHER THAN			
(Column 1)				(Column 2) (Column 3)				SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 34	Minus		ų	=	֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	X\$ 9=		OR	X\$18=	•	
SWE!	Independent	* 6	Minus	***	5	=		X42=		OR	X84=	84.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM]	- +140=		OR	+280=		
•								TOTAL			TOTAL	84.	
	(Column 1)				(Column 2) (Column 3)			ADDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	֓֞֓֞֞֓֞֜֞֓֓֓֓֓֓֩֟֜֓֓֓֡֓֡֓	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	. 37	Minus	** 3	6	= /		X\$ 9=		OR	X\$18=	\$1800	Q.
ME	Independent	. %	Minus	*** (ρ	= /]	X42=		OR		80400	2
	BEST AVAILABLE CO					<u>.</u>	┚┋	+140=			+280=		
	В	EST AVA	ILABLI	E CC	PY		l	TOTAL	·	OR OR	TOTAL		
	_	•		•	•	(O-1 0		ADDIT. FEE			ADDIT. FEE		
		(Column 1) CLAIMS		(Colum High	EST	(Column 3	ጎ r		ADDI-	ĺ		ADDI-	
AMENDMENT C		REMAINING AFTER		NUMI PREVIO	DUSLY	PRESENT EXTRA	11	RATE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID **	FOR	=	┪╏	V\$ 0	FEE		X\$18=	FEE	
	Independent	*	Minus	***		=	1	X\$ 9=	· .	OR	•		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		<u> </u>	X42=	·	OR	X84=	·	
						,		+140=.		OR	+280=		
**	if the "Highest Nu	mn 1 is less than the mber Previously Pa	ild For IN THI	S SPACE &	s less tha	n 20, enter "20)." _/	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT, FEE		
	n the "Highest Nu The "Highest Nun	mber Previously Pa nber Previously Pal	aid For" IN THI d For" (Total or	S SPACE I r Independe	s less tha ent) is the	n ਤ, enter ਤਿ." highest numb		•	ropriate box		•		

pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

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CLAIMS AS FILED - PART I							_	SMALL ENTITY			OTHER THAN		
TOTAL OLANGO			(Column	1)	(Colur	nn 2)		YPE _	<u>_</u>	OR	SMALL	ENTITY	
TOTAL CLAIMS					-			RATE	FEE	ļ[RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			36 minus 20=		. 16		ſ	X\$ 9=		OR	X\$18=	288-	
IND	EPENDENT CL	AIMS	5 minus 3 =		• 2			X40=		OR	ეX80=	160,-	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				ţ	+135=		OR	+270=		
* If t	the difference	in column 1 is	less than ze	ro, enter "0" in column 2			L	TOTAL		OR	TOTAL	1158-	
CLAIMS AS AMENDED - PART II							,				OTHER THAN		
		(Column 1)	(Column 2			(Column 3)		SMALL E	ENTITY	OR			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	AITATICAL TE	Minus	***	TOLOUG	= [X40=		OR	X80=		
لنا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	. ;	OR	+270=		
	The state of the s							TOTAL			TOTAL	ļ	
(Column 1) (Column 2) (Column 3)							F	ADDIT. FEE	,	4	ADDIT. FEE		
		(Column 1) CLAIMS	<u> </u>	HIG	HEST	(Column 3)			ADDI-	1		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		PREVI	MBER IOUSLY DFOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	••		=		X\$ 9=		OR	X\$18=	<u> </u>	
4ME	Independent	*	Minus	***	T.C	=		X40=		OR	X80=		
L	BEST AVAILABLE COPY							+135=		OR	+270=		
	Ê	FST AV	AILABL	L C	UTY		L	TOTAL ADDIT. FEE			TOTAL		
-										Iou	ADDIT. FEE	<u> </u>	
	··	(Column 1) CLAIMS			imn 2) HEST	(Column 3)	-			1		:	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=	 	X\$ 9=	- 	OR	X\$18=		
MEN	Independent	•	Minus	***		=	 	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 					 	
				_	·	h		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													